

## FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY  
LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PAC'sRECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

1. NAME OF COMMITTEE (in full) USE FEC MAILING OR TYPE OR PRINT Example: if typing, type over the lines.

Maggie for NH

15 JUL 15 PM 12:07  
12FE4M5

ADDRESS (number and street) PO Box 298

☐ Check if different  
than previously  
reported (ACC)

Concord

CITY

NH  
STATE

03301

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00588772

3. IS THIS  
REPORT☒ NEW  
(N)

OR

☐ AMENDED  
(A)

4. STATE

DISTRICT

NH

00

For Candidates Only

5. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

☐ April 15

Quarterly Report (Q1)

☒ July 15Quarterly Report (Q2)  
and/or Semi-annual Report☐ October 15

Quarterly Report (Q3)

☐ January 31Year End Report (YE)  
and/or Semi-annual Report

July 31 Mid-Year Report

☐ (Non-election Year -  
Party/PAC) (MY) and/or  
Semi-annual Report(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election Year only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election Year only)☐ Apr 20 (M4)☐ Jul 20 (M7) and/or  
Semi-annual Report☐ Oct 20 (M10)☐ Jan 31 (YE) and/or  
Semi-annual Report(c) 12-Day  
PRE-Election  
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)This report also covers  
the semi-annual period☐ Special (12S) ☐ Convention (12C)

Election on

in the  
State of☐  
See Line 6(b)(d) 30-Day  
POST-Election  
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)This report also covers  
the semi-annual period

Election on

in the  
State of☐  
See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-Annual Covered Period

This report covers

04

01

2016

through

06

30

2016

and/or

☒ January 1 - June 30☐ July 1 - December 317. Total Reportable Bundled Contributions by  
Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-Annual Covered Period

66689.99

66689.99

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kathleen N. Sullivan

Signature of Treasurer Kathleen N. Sullivan

07

15

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
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